

MEDICARE SUPPLEMENT COVERAGE
FOR PEOPLE 50 AND OLDER AND UNDER 65
ON MEDICARE DUE TO DISABILITY

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR. SERVICES
MARCH 2006

COMPANY	PLAN INFORMATION					MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
						PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PLANS				
NAME	PLAN	*	** COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	SOLD TO PERSONS 50 AND OVER AND UNDER 65	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
AARP/UNITED HEALTHCARE 1-800-523-5800	C	169.50	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
AMERICAN PROGRESSIVE LIFE & HEALTH 1-800-645-4116	C	FNS 140.92 FS 162.04 MNS 155.03 MS 178.27	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
	G	FNS 102.34 FS 117.73 MNS 112.63 MS 129.54	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes				Yes	80% Yes	Yes	Yes	Yes		
BANKERS LIFE AND CASUALTY 1-888-282-8252	C	181.27	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
GENWORTH LIFE AND ANNUITY 1-877-825-9337	C	FNS 109.68 FS 121.90 MNS 126.15 MS 140.19	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
HORIZON BC/BS OF NJ 1-800-224-1234	C	198.05	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
LINCOLN HERITAGE LIFE 1-800-438-7180	C	F 155.43 M 178.69	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
MUTUAL OF OMAHA 1-800-775-6000	C	FNS 160.54 FS 173.56 MNS 184.52 MS 199.49	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
PENNSYLVANIA LIFE 1-888-802-9497	C	FNS 135.66 FS 156.66 MNS 149.94 MS 172.91	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			

FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

* PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 (AMERICAN PROGRESSIVE), \$20 (LINCOLN HERITAGE) OR \$25 (PENNSYLVANIA LIFE) POLICY FEE.

** APPLICANTS CANNOT BE TURNED DOWN FOR COVERAGE DURING THE FIRST SIX (6) MONTHS OF ENROLLMENT IN MEDICARE PART B (OPEN ENROLLMENT). APPLICANTS WHO HAVE HAD MEDICARE PART B FOR MORE THAN SIX (6) MONTHS MAY BE DENIED COVERAGE, UNLESS THEY ARE IN A *GUARANTEE ISSUE* SITUATION (SEE *GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE*). NOTE: ALL DISABLED AND KIDNEY FAILURE BENEFICIARIES WILL HAVE A NEW SIX (6) MONTH OPEN ENROLLMENT PERIOD BEGINNING WITH THE MONTH THEY TURN 65 AND HAVE PART B OF MEDICARE DURING WHICH TIME THEY CAN PURCHASE ANY MEDICARE SUPPLEMENT PLAN OF THEIR CHOICE BEING SOLD BY THE INSURANCE COMPANY.

*** COMPANIES MAY EXCLUDE BENEFITS FOR PRE-EXISTING CONDITIONS DURING THE FIRST THREE (3) MONTHS FROM THE EFFECTIVE DATE OF COVERAGE. THE PRE-EXISTING MEDICAL CONDITION WAITING PERIOD SHALL NOT APPLY FOR A CONDITION COVERED, FOR AT LEAST THREE (3) MONTHS, UNDER A PRIOR HEALTH BENEFITS POLICY WITH NO INTERVENING LAPSE IN COVERAGE.